

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							Application Number 10519144	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
2		1					52					
3		1					53					
4		1					54					
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8		1					58					
9		1					59					
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45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	2											
Total Depend	14											
Total Claims	16											

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